

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
5						
6						
7						
8						
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11						
12						
13						
14						
15						
16						
17						
18						
19		2				
20		1				
21		1				
22		1				
23		2				
24		2				
25		2				
26		2				
27		2				
28		2				
29		2				
30		2				
31		2				
32		2				
33		2				
34		2				
35		2				
36	1		1			
37	1		1			
38	1		1			
39			1			
40			1			
41			1			
42			1			
43			1			
44			1			
45	1		1			
46	1		1			
47	1		1			
48	1		1			
49	1		1			
50	1		1			
TOTAL IND.			16			
TOTAL DEP.			42			
TOTAL CLAIMS			18			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53	1		1			
54		1		1		
55		2		2		
56		2		2		
57	1		1			
58		1		1		
59	1		1			
60	1		1			
61		1		1		
62		1		1		
63	1		1			
64		1		1		
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66		1		1		
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						